

# CLAIMS ONLY

Application Number

10/686621

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15	/					
16		/				
17		/				
18		/				
19		/				
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23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
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31		/				
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41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
Total						
Indep	2					
Total						
Depend	27					
Total						
Claims	29					

  

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
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62						
63						
64						
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66						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total						
Indep						
Total						
Depend	1					
Total						
Claims	1					

30